

Name:

Withholding  
Account No.:

Unemployment  
Account No.:

Period  
Covered:

020463000

FORM 941/C1-ME LOOSE

**Part Four - Unemployment Contribution Wage & Income Tax Withholding Listing**

All employers designated Seasonal by the Department of Labor, see instructions for Column 16.

14. Employee Name (Last, First, MI)	15. Social Security Number	16. SUI Wages Paid in Quarter	Seasonal?	17. ME Income Tax Withheld in Qtr
a. _____	_____	_____.	<input type="checkbox"/>	_____.
b. _____	_____	_____.	<input type="checkbox"/>	_____.
c. _____	_____	_____.	<input type="checkbox"/>	_____.
d. _____	_____	_____.	<input type="checkbox"/>	_____.
e. _____	_____	_____.	<input type="checkbox"/>	_____.
f. _____	_____	_____.	<input type="checkbox"/>	_____.
g. _____	_____	_____.	<input type="checkbox"/>	_____.
h. _____	_____	_____.	<input type="checkbox"/>	_____.
i. _____	_____	_____.	<input type="checkbox"/>	_____.
j. _____	_____	_____.	<input type="checkbox"/>	_____.
k. _____	_____	_____.	<input type="checkbox"/>	_____.
l. _____	_____	_____.	<input type="checkbox"/>	_____.
m. _____	_____	_____.	<input type="checkbox"/>	_____.
n. _____	_____	_____.	<input type="checkbox"/>	_____.
o. _____	_____	_____.	<input type="checkbox"/>	_____.
p. _____	_____	_____.	<input type="checkbox"/>	_____.
q. _____	_____	_____.	<input type="checkbox"/>	_____.
r. _____	_____	_____.	<input type="checkbox"/>	_____.
s. _____	_____	_____.	<input type="checkbox"/>	_____.
t. _____	_____	_____.	<input type="checkbox"/>	_____.
u. _____	_____	_____.	<input type="checkbox"/>	_____.
v. _____	_____	_____.	<input type="checkbox"/>	_____.
w. _____	_____	_____.	<input type="checkbox"/>	_____.

**THIS IS A  
NEW COLUMN**

18. Total on this page ..... a. \_\_\_\_\_ . b. \_\_\_\_\_ .

19. Total for ALL pages ..... a. \_\_\_\_\_ . b. \_\_\_\_\_ .